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PTO/SB/05 (4/98)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 460-001 Cont. IV

First Inventor or Application Identifier Hon et al.

Title COMPOSITIONS OF OAK BARK EXTRACT RELATED SYNTHETIC COMPOSITIONS AND METHOD OF USING SAME

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<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																		
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Specification [Total Pages <input type="text"/>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/>]</p> <p>4. Oath or Declaration [Total Pages <input type="text"/>]</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>		<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>																		
<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: 11-2978</p>																				
<p><b>NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b></p>																				
<p><b>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</b></p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 08,947,055</p> <p>Prior application information: Examiner J. Kerr Group / Art Unit: 1633</p> <p><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																				
<p><b>17. CORRESPONDENCE ADDRESS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; padding: 5px;">001009</td> <td style="width: 30%; padding: 5px;">or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name <input type="text"/></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Address <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">City <input type="text"/></td> <td style="padding: 5px;">State <input type="text"/></td> <td style="padding: 5px;">Zip Code <input type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Country <input type="text"/></td> <td colspan="2" style="padding: 5px;">Telephone 859/252-0889 Fax 859/252-0779</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	001009	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	Name <input type="text"/>			Address <input type="text"/>			City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>	Country <input type="text"/>		Telephone 859/252-0889 Fax 859/252-0779	
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Name (Print/Type)	J. W. Scanor, D.V.M.	Registration No. (Attorney/Agent)	40,804
Signature	<i>J. W. Scanor DVM</i>		Date <i>November 20, 2000</i>

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